## 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

## FILED Jun 16, 2006 8:00 am Secretary of State

DOCUMENT # P05000024022  1. Entity Name SQUEAKY CLEAN DETAILING, INC.					05-02-2006 90171 050 ***150.00			
Principal Plac	se of Business	Mailing Address	Mailing Address					
2008 YORKSHIRE DRIVE 2008 YORKSHI DELAND, FL 32724 US DELAND, FL 32								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252006	Chg-P	CR2E034 (11/6	)5)
City & State		City & State			4. FEI Numb	-"280559	0	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired Security Securi			
	6. Name and Address of Current Registered Age			Name	7. Name an	d Address of New R	egistered Agent	
	, ELIZABETH KSHIRE DRIVE	A SECTION AND A	- a		P.O. Box Numi	per is Not Acceptable	<del>)</del>	
DELAND, FL 32724-						<del></del> · · · · · · · · · · · · · · · · · ·	·	
	:			City			FL Zip (	Code ,
8. The above	named entity submits this statemen	t for the purpose of changing it	ts registered	d office or register	ed agent, or be	oth, in the State of Fig		
the obligat	tions of registered agent.		-	J	•			The second
SIGNATURE.	Signature, typed or printed name of registered as	ere and ittle ifacolicable (NC	OTE: Registered	Agent signature required	when reinstating)	<del></del>	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Camp Trust Fund Co	ntribution.	~ _ ~~.	00 May Be ed to Fees			
10.			<i>3</i> <sup>2</sup> 11.	<del>-</del>	ADDITIONS	/CHANGES TO OFF		
NAMÉ	DOWNER SCOTT	☐ Delete	TITLE				Chan	ge 🔲 Addition
STREET ADDRESS CITY+ST+ZIP	2008 YORKSHIRE DRIVE DELAND, FL 32724		STREET CITY-S	T ADDRESS ST - ZIP		•		
TITLE	☐ Delete		TITLE				☐ Chan	PB Addition
STREET ADDRESS C11Y-ST-ZIP			NAME STREET CITY-S	I ADORESS ST-ZIP	·			
TITLE	☐ Delete		ILIT		· · · · · · · · · · · · · · · · ·		Chang	e Addition
NAME Street address			NAME Street	ADDRESS				
CITY-SI-ZIP			CITY-S	π-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS IT-ZIP				
TITLE		☐ Delete	TITLE				☐ Chan	pe Addition
HAME STREET AUDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE NAME		☐ Delate	TITLE NAME				Chang	e 🗋 Addition
STREET ADDRESS				ADDRESS				
12. I hereby	certify that the information supplied v	with this filling does not qualify i	for the exem	nptions contained	in Chapter 11	9. Florida Statutes. J	further certify that th	e information
indicated of the cor	on this report or supplemental report poration of the receiver or trustee an or on an attaching with an address	t is true and accurate and that npowered to execute this repor	my signatu rt as require	re shall have the s	ame legal effe	ct as if made under o es; and that my name	ath; that I am an offic appears in Block 10	cer or director or Block 11 if
SIGNATURE: \$1506 38-748-5266								